

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>715-1</i>	<i>10-26-99</i>
O.I.P.E. CLASSIFIER		<i>16</i>	<i>11-2-99</i>
FORMALITY REVIEW	<i>W</i>	<i>715-1</i>	<i>11-11-99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10/28/99
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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39	✓
40	✓
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43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	10/28/99
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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100	✓

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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